Exhibit Q
Medical File
Physical therapy notes

LEE COUNTY SHERIFF'S DEPARTMENT
RECORD OF MEDICAL EXAMINATION
(FORM #11)

PART 1: To be completed by Corrections Staff. (Please print clearly)

1. Inmate's name: Martinez Antonio
2. Date: 06/14/06 Again 6/15/06
3. Time: 1100 Again @ 1400
4. Reason treatment was needed: P.T. at Dr. Hellyer Office
5. Did Inmate request treatment? Yes (If yes, place request form in Inmate's file if in writing)
6. Was inmate transported from the jail? Yes
7. If yes, to what location? Dr. Hellyer's Office Bldg. 18
8. Was inmate treated at the jail? Yes
9. Who examined the inmate? Dr. McFarland / Dr. Hellyer
10. Corrections Officer's name: _____ Signature: _____

PART 2: To be completed by person examining inmate. (Please print clearly)

1. Type of treatment/ examination: _____
2. Prognosis: _____
3. Is additional treatment needed? _____ If so, please specify if other than medication:
4. Medication prescribed: _____
5. Special instructions for administration: _____
6. Other special instructions (restrictions of diet, activity, work, etc; observation orders; other):

_____
Health Care Provider (Please print and give title, Re. M.D., R.N., D.D.S., etc.)

6/19/06
2:00

Orthopaedic Clinic

Will Thames, OTR, ATC, CHT
Rehab Director

762 East Glenn Avenue
Auburn, AL 36830
(334) 501-2290
Fax: (334) 501-2293

121 No. 20th St., Suite 18
Opelika, AL 36801
(334) 749-8303
Fax: (334)364-2251

W.T. 6/21/06
@ 1400

Your Next Appointment 364-2249

☐ Monday ☐ Tuesday ☐ Wednesday ☑ Thursday ☐ Friday

Date 6/15/06

Time 1400

☑ Opelika ☐ Auburn ☐ Valley

Orthopaedic Clinic

121 N. 20th St., #18
Opelika, AL 36803-2125
(334) 749-8303

10 Medical Park
Valley, AL 36[illegible]095
(334) 7[illegible]46

762-A East Glenn Ave.
Auburn, AL 36830
(334) 501-2290

Patient Name Martinez, Antonio

Patient Chart/Acct. # 105537

PATIENT ID CARD

LEE COUNTY SHERIFF'S DEPARTMENT
RECORD OF MEDICAL EXAMINATION
(FORM #11)

PART 1: **To be completed by Corrections Staff.** (Please print clearly)

1. Inmate's name: Martinez, Antonio
2. Date: 6/21/06
3. Time: 2:00pm
4. Reason treatment was needed: Physical therapy
5. Did Inmate request treatment? yes (If yes, place request form in Inmate's file if in writing)
6. Was inmate transported from the jail? yes
7. If yes, to what location? Dr. Hillyer @ Ortho Clinic
8. Was inmate treated at the jail? yes
9. Who examined the inmate? Dr. McFarland
10. Corrections Officer's name: ______ Signature: ______

PART 2: **To be completed by person examining inmate.** (Please print clearly)

1. Type of treatment/ examination: Physical Therapy – Rom & strengthening
2. Prognosis: Good
3. Is additional treatment needed? yes If so, please specify if other than medication:

   1–2 more PT visits to ↑ Rom & strength
4. Medication prescribed: Ø
5. Special instructions for administration: ______
6. Other special instructions (restrictions of diet, activity, work, etc; observation orders; other):

   Cont per Dr. Hillyer's orders

   Appt. Friday [illegible]

Will Thames, OTR, ATC, CHT
Health Care Provider (Please print and give title, Re. M.D., R.N., D.D.S., etc.)

6/21/06 2:00 pm [signature]

LEE COUNTY SHERIFF'S DEPARTMENT
RECORD OF MEDICAL EXAMINATION
(FORM #11)

PART 1: To be completed by Corrections Staff. (Please print clearly)

1. Inmate's name: Martinez, Antonio
2. Date: 06/23/06
3. Time: 1400
4. Reason treatment was needed: Physical Therapy
5. Did Inmate request treatment? Yes (If yes, place request form in Inmate's file if in writing)
6. Was inmate transported from the jail? Yes
7. If yes, to what location? Dr. Hellums' Office Ortho. Clinic
8. Was inmate treated at the jail? Yes
9. Who examined the inmate? Dr. John McFarland
10. Corrections Officer's name: _____ Signature: _____

PART 2: To be completed by person examining inmate. (Please print clearly)

1. Type of treatment/ examination: PT - Rom, exercises, Strengthen
2. Prognosis: ~~Fair~~ Good → Excellent
3. Is additional treatment needed? Yes If so, please specify if other than medication:

one more f/u visit prior to next MD visit

4. Medication prescribed: —
5. Special instructions for administration: —
6. Other special instructions (restrictions of diet, activity, work, etc; observation orders; other):

Cont per Dr. Hellums orders

OT/Atc

Health Care Provider (Please print and give title, Re. M.D., R.N., D.D.S., etc.)

LEE COUNTY SHERIFF'S DEPARTMENT
RECORD OF MEDICAL EXAMINATION
(FORM #11)

PART 1: **To be completed by Corrections Staff.** (Please print clearly)

1. Inmate's name: Martinez, Antonio
2. Date: 6/28/06
3. Time: 3:00 pm
4. Reason treatment was needed: Physical therapy & Apt c Dr. Hillyer
5. Did Inmate request treatment? yes (If yes, place request form in Inmate's file if in writing)
6. Was inmate transported from the jail? yes
7. If yes, to what location? Ortho Clinic
8. Was inmate treated at the jail? yes
9. Who examined the inmate? D. McFarland
10. Corrections Officer's name: _____ Signature: _____

PART 2: **To be completed by person examining inmate.** (Please print clearly)

1. Type of treatment/examination: _____
2. Prognosis: Closed fracture of Middle finger (R) hand
3. Is additional treatment needed? NO If so, please specify if other than medication: _____
4. Medication prescribed: Ultram 50 mg #24
5. Special instructions for administration: Ø
6. Other special instructions (restrictions of diet, activity, work, etc; observation orders; other): Ø

Health Care Provider (Please print and give title, Re. M.D., R.N., D.D.S., etc.)

6/28/06 4:30 pm [signature] MD